

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 3-14-08

Address: 910 BUTLER STREET

Case #: 22F42910

ANGOLA IN 46703

County: STEUBEN

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open - No Structure
☐ Other:

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: COLEMAN FUEL
☒ Water Reactive Metal (Lithium): BATERIES
☐ Anhydrous Ammonia: _____
☐ Hydrochloric Acid Gas Generator(s): _____
☐ Corrosive Acid: _____
☒ Corrosive Base: LYE
☒ Other (item and location): PARAPHERNALIA

Child under age 18 discovered (check one)

- ☒ Yes 2 (number present)
☐ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: ANGOLA FIRE

Fax: 260-624-2744

Health Department: STEUBEN CO.

Fax: 260-665-1418

Child Protection Service: STEUBEN CO

Fax: 260-665-8257

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: TPR ROB SMITH Phone 260-432-8661

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.